

Seclusion and Restraint Reduction Intervention Advisory Council Meeting Minutes

April 16th, 2009 at 1:30 pm

Location: VSH Library

Type of meeting: Advisory

Facilitator: Ed Riddell, Alternatives to Seclusion and Restraint Coordinator at VSH

Note taker: Ed Riddell

Advisory Council Members: Cathy Rickerby, NAMI Vermont; Ed Paquin, VP&A; Jane Winterling, VPS; Bill McMains, DMH; David Mitchell, VSH; Terry Rowe, VSH; John O'Brien, VSH; Patrick Kinner, VSH; Tommie Murray, VSH; Scott Perry, VSH; and Anne Jerman, VSH.

Absent: Janet Isham, VSH; and Jay Batra, VSH.

Guests: Michael Sabourin and Norma Wasco

Discussion: Opening

Ed Riddell opened the meeting by explaining that the computer system at VSH had been down for six days and the proposed agenda items to be addressed were not available. Due to this problem the agenda would need to be modified and the minutes from March were unavailable for approval. Cathy Rickerby wanted to ensure that the prior month's request to review CONs each meeting was on the agenda or added to it for discussion. This was done.

Discussion: Introductions and new member welcome for Tommie Murray

ER explained that Tommie Murray, the Quality Assurance Director and Dr. Jay Batra, the incoming Medical Director, have now joined the Seclusion and Restraint Reduction Interventions Advisory Council. Jay was not able to attend this meeting, but Tommie was present for introduction. ER asked that each member and guest introduce themselves. All attendees did so.

TM provided an expanded introduction and shared many points of information from her perspective: VSH is at a pivotal point in change; Many improvements have been accomplished at VSH through the work required by several overseeing regulatory bodies; This is a time where the talent and focus are present, but the "how" of putting them together is the work to be done; Culture change is a 3 to 5 year process; VSH staff are very dedicated and have begun the work of change. TM believes that the strategic goal for VSH needs to be the reduction of violence and how the hospital will get there. Many interventions that are active at VSH, which includes the work of the SRRI AC, are supporting that larger strategic goal. TM reminded members that data is being collected and can be made available. TM did ask members generally, "How does this group feel they can contribute?"

John O'Brien said he agreed with most of TM's sharing, but added that VSH staff is additionally concerned about the hospitals and their own futures.

Discussion: Review of the SRRI AC Charge

TM asked for a clarification of the advisory council's charge and activities for better understanding. TM explained that she views observing data as a quality assurance function and not as a quality improvement function. TM encouraged the members that moving towards providing input/advice on quality improvement activities and not quality assurance functions is a more proactive practice. Jane Winterling interjected that the council recognizes that they are in an advisory role and that they are here to help the hospital in providing useful advice pertaining to those interventions that the VSH Leadership presents to the council as candidates for implementation. TM suggested that she would like to see VSH partner with AC members as well. JW suggested that partnering could come in the form of information. JW said that Consumers like Gayle Bluebird should be contacted for the development of comfort rooms, which are different than sensory modulation rooms. Terry Rowe provided that she was working to get Gayle Bluebird to VSH sometime in late May and that Michael Sabourin and Patrick Kinner have been attending the monthly Consumer conference calls facilitated by Gayle. JW reinforced that these calls are very useful.

TM suggested that a connection/description needs to be made for the AC that includes all the currently occurring projects that are contributing to the reduction of violence at VSH. Future SRRI AC agendas should include presentations of such projects, but should be done in a thoughtfully planned way. Bill McMains agreed that thoughtful processing is good and added that expectations need to be kept to a reasonable rate. BM explained that the AC should help provide monitoring of the pace of intervention implementations and change application by giving input when the pace seems too slow or too fast. TR asked for input on whether it made sense to revise the focus of the information provided to the AC in light of the need to provide information about all the other activities occurring. Michael Sabourin expressed that the AC needs to feel useful and that viewing certificates of need (CON) to justify the use of an emergency involuntary procedure are useful to determine what is going on and it is a way to develop trust. TM shared that it is important to determine how we develop transparency and then how we can be useful from each individual's own perspective. TM provided again that required data for this purpose can be supplied by QA.

Ed Paquin explained that from a Vermont Protection and Advocacy perspective we try to impact systems and take action on information that comes from clients, investigation experiences, and past involvements with the legislature. EP explains that he would like to see the VSH closed as it is a non-modern facility. EP currently has not seen a direction for improvement at VSH and does not know how his input with the SRRI AC will be used. He continues to observe that some things at VSH have not changed in 6 or 7 years, since the "System under siege" report came out. EP finds it difficult to be enthusiastic due to essentially being the watch dog of VSH and due to information being gathered by VP&A. JW asked to halt this discussion and questioned whether there was a direction this discussion was heading. She explained that there was important work that needed to get done and we needed to get back to business. Cathy Rickerby asked if the committee could go back to the prior charge where members received information prior to the meeting. CR also expressed that she has been in touch with the national consultant's and requested tier one state's information. CR said that tier one folks explained that monitoring CON's was what they had been doing and JW agreed that they can be very powerful for feedback. CR confirmed that all folks who are doing the six core strategies are meeting all regulatory needs. TM asked ER which data measures had been requested by the AC in the past.

ER provided that the information viewed by the AC in the past was: a few dictated CON forms which showed two satisfactory and two unsatisfactory event narratives and monthly emergency involuntary procedures chronicled over the past year and split out by shift and by unit. TR suggested that the AC might consider viewing a host of additional information which would provide a much broader focus. TR explained that she is committed to creating good working relationships with AC members and appreciates the value of differing positions in discourse for these contained working relationships.

Discussion: Revised Emergency Involuntary Procedure Policy

TR introduced the revised policy and provided information on how policies at VSH are created, reviewed, revised, and approved. TR explained that internal and external input is requested and that having a process for staff input creates a necessary mechanism to “clean up” the policy for more efficient use. TR requested to have a thorough review of the policy with the AC for the May meeting. ER pointed out some of the additions to the policy that directly supported requested SAMHSA suggested Six Core Strategy interventions, but will clarify those again in May. CR asked if any of the additions had been part of prior VSH policies. BM explained that the language used in prior VSH policy spoke to “minimizing” the use of seclusion and restraint and did not speak to the other added policy statements. TR expressed that this policy directly ties to the implementation of the trauma-informed care training that was created by VSH Education and Training staff. TR suggested that David Mitchell speak to this training in May. TR requested that the VSH Oversight intervention be placed on the agenda for May as well.

Discussion: Dictated CONs

Scott Perry presented the 4 dictated CONs. BM suggested that even though this information has been filtered, the copies should be left at the meeting. All members agreed. Members reviewed the information for several minutes. Anne Jerman suggested that instead of the entire CON, that AC members would find it more useful to observe the audit results done by SP. AJ expressed concern that it may not be useful to look at the entire CON since it occurs after an emergency. TM suggested that maybe a debriefing form might be useful as well. AJ suggested that these questions can be readdressed next month when the AC looks at the oversight intervention. BM expressed that CONs are a pin hole into whether the work is impacting and the written information is useful. CR agreed that she would like further information about the debriefing and would find it useful. BM suggested that it would be helpful if these activities were seen as being part of the activities involved in the Leadership and Data core strategies of the strategic plan. ER then expressed that the meeting was going beyond time and members agreed to adjourn. Members will review the new EIP policy, advise on the Oversight intervention, and

Next Meeting:

Thursday, May 21st, 2009 at 1:30pm in the VSH Library

Respectfully submitted,
Ed Riddell
Notetaker